

San Bernardino County Sheriff's Department Detention and Corrections Bureau

Request for a Convicted Felon to Visit an Inmate

	Central Detention Center 630 E. Rialto Avenue San Bernardino, CA 92415		Adelanto Detention 9438 Commerce Wa Adelanto, CA 92301		
	Glen Helen Rehabilitation Center 18000 Institution Road Devore, CA 92407		West Valley Detention Center 9500 Etiwanda Avenue Rancho Cucamonga, CA 91739		
INMATE'S INFORMATION					
Last Name Booking Number	First	<i>Name</i> D	Middle I ate of Birth Month		
VISITOR'S INFORMATION					
Name (Please Print) Date of Birth Mo Drivers License N Complete Address	Number	State	Expiration	ddle / /	
Relation to the In	elation to the Inmate Date of Submission				
TO BE COMPLETED BY THE FACILITY COMMANDER Request to visit inmate APPROVED DENIED Date Commander's Signature					
Visitors must present a copy of this form to the visiting deputy when coming to visit. No visits shall be granted to convicted felons who do not have proof of prior approval. Original to inmate's booking jacket * Copy to requestor					

ASU#070901 (Rev. 03/2009)